

NIMSA 2025 – Sponsor Registration Form

Thank you for your interest in sponsoring Natural & Integrated Medicine Show Africa (NIMSA 2025). Please complete this form accurately. This information will help us process your sponsorship package and ensure compliance with international regulations.



COMPANY INFORMATION

Please fill out the form truthfully	
COMPANY NAME BUSINESS REGISTRATION NUMBER (IF APPLICA	ABLE)
COUNTRY OF INCORPORATION	
COMPANY ADDRESS	
COMPANY WEBSITE	
TAX IDENTIFICATION NUMBER (TIN)	VAT NUMBER (IF APPLICABLE)
CONTACT PERSON DETAILS	
FULL NAME	
POSITION IN COMPANY	EMAIL ADDRESS
PHONE	
FULL NAME OF ALTERNATIVE CONTACT PERSON (IF	- APPLICABLE)
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PHONE	EMAIL ADDRESS
SPONSORSHIP LEVELS (Select your preferred pa	ackage)
□ GLOBAL PARTNER – \$100,000+	
□ GOLD PARTNER – \$75,000	
□ SILVER PARTNER – \$50,000	
□ BRONZE PARTNER – \$25,000	

□ **CUSTOM SPONSORSHIP** (PLEASE SPECIFY AMOUNT & PACKAGE REQUIREMENTS)

SPONSORSHIP BENEFITS SPONSORSHIP BENEFITS			
□ Keynote Speaking Opportunity□ Branding on Event Materials & Website			
□ VIP Networking Sessions			
□ Dedicated Exhibition Booth			
□ Sponsored Workshops & Panel Discussions□ Digital & Social Media Promotions			
□ Other (Please specify):			
PAYMENT & AGREEMENT DETAILS Preferred Payment Method			
□ Bank Transfer			
□ Credit Card			
□ Other (Please specify):			
Billing Address			
billing Address			
Company Name for Invoicing (if different):			
AUTHORIZING PERSONNEL DETAILS			
FULL NAME OF AUTHORIZING OFFICER			
POSITION IN COMPANY			
OFFICIAL EMAIL		OFFICIAL PHONE	
OTTICIAL LIVIAIL		OFFICIAL FITONE	
Company Stamp/Seal: (Attach if applicable)			
PASSPORT OR ID NUMBER: (For international legal com	pliance)		

AGREEMENT & CONFIRMATION

By submitting this form, the sponsor agrees to the NIMSA 2025 Sponsorship Terms & Conditions, including international compliance, payment obligations, and branding commitments.

□ I AGREE		
Signature of Authorizing Officer	Date	
Please submit this completed form along with any required supporting documents to the NIMSA 2025 sponsorship team at sponsorship@himsa.africa		
For Internal Use Only		
Date Received		
Reviewed By		
Approval Status: □ Approved □ Pending	□ Declined	
Remarks:		